

FILED MAY 25 1956

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REG. DIST. NO. PRIMARY REG. DIST. NO. **1003** Registrar's No. **4455**

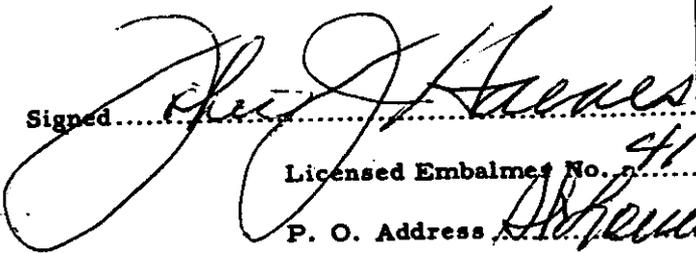
| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY FAYETTE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO. c. LENGTH OF STAY (in this place) 246 DAYS | | c. CITY OR TOWN RAMSEY d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP. | | e. STREET ADDRESS (If rural, give location) 91208 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HALLIE b. (Middle) F c. (Last) MERRIMAN | | | 4. DATE OF DEATH (Month) (Day) (Year) 5-6-56 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED | 8. DATE OF BIRTH 3-14-95 |
| 9. AGE (In years last birthday) 61 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER | 11. BIRTHPLACE (City and State or Foreign Country) RAMSEY, ILLINOIS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER | | 10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME JOHN MERRIMAN | | 13b. MOTHER'S MAIDEN NAME JANE NALL | 14. NAME OF HUSBAND OR WIFE NONE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES WW I | | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS, RENAL TUBERCULOSIS ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 1002+ | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. HOW DID INJURY OCCUR? | |
| 21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) VA | | 21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 22. I hereby certify that I attended the deceased from 9-3-55 , 19____, to 5-6-56 , 19____, and that death occurred at 11:00 AM. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE W. K. HAZPATRICK, M. D. | | 23b. ADDRESS VAH, ST. LOUIS, MISSOURI | |
| 23c. DATE SIGNED 5-6-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 5-7-56 | |
| 24c. NAME OF CEMETERY OR CREMATORY Local | | 24d. LOCATION (City, town, or county) (State) Ramsey Illinois | |
| DATE REC'D BY LOCAL REG. MAY 7 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | | ADDRESS 4704 Washington | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 41.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.